RURAL DISTRICT OF ST. GERMANS

The

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1953.

P. J. FOX, M.B., B.Ch., B.A.O., D.P.H.

RURAL DISTRICT OF ST. GERMANS.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1953.

Mr.Chairman, Ladies and Gentlemen,

Once again the time has come round to present my Annual Report, and through it to convey a picture, in a very general way, of the health of the community in that part of Cornwall which goes to make up Health Area No.7 during the year 1953. I am again following the practice of providing a general preface which will be common to all six County District Annual Reports. In it I shall endeavour to set down my impressions as I tend to see them for the greater part of my time as an Area Medical Officer of Health to some 53,000 people in this part of the County. Where matters peculiar to any one County District arise, comment on them will appear in the body of the Annual Report of that particular district.

My main impression of public health in 1953 is one of little change. There were no marked improvements or advances, but small gains were recorded in some directions. Thus the corrected birth - rate for the Area was fractionally above the national figure at 15.6 per 1,000 of population. The corrected death rate of 10.7 per 1,000 of population in the Area compares favourably with the national figure of 11.4 per 1,000. Although only one maternal death occurred it was sufficient to produce a rate of 1.36 per 1,000 total births as against the national rate of 0.76 per 1,000 total births. The stillbirth and infant mortality rate were both lower than the corresponding rates for England and Wales. Something of a set-back was experienced in tuberculosis where the total of cases notified was the highest for at least five years, and was in fact some 30% above the average total for the previous five years 1948-52. I shall deal with this matter in greater detail later in this preface.

The estimated mid - 1953 population of the Area at 53,276 showed a small decrease as compared with the figures of 53,520 for 1952. Of the individual County Districts which go to make up the Health Area, St.Germans R.D., Liskeard R.D., Saltash M.B. and Torpoint U.D. showed small reductions in population whilst Liskeard M.B. and Looe U.D. showed small increases. In no case were the figures sufficiently great to be of any significance or call for any comment. The birth rate was below the national figure of 15.5 per 1,000, in St.Germans R.D., Torpoint U.D., Liskeard M.B., and Looe U.D., and above it in Liskeard R.D. and Saltash M.B. The death rate was below the national rate of 11.4 per 1,000 in all County Districts with the exception of Liskeard M.B. where it was 18.6 per 1,000. Looking no further than this one might conclude that the Borough of Liskeard was not a particularly healthy locality. On closer examination the real reason for this high death rate soon becomes apparent, and is seen to be directly due to the presence in the town of a hospital for aged and chronic sick persons, Lamellion Hospital. Prior to 1953 the deaths of patients in Lamellion Hospital were attributed to the district in which they previously resided. Towards the end of 1952 the Registrar-General decided that in future all persons dying in Lamellion Hospital would be regarded as having their place of residence there, and in consequence their deaths would be for statistical purposes attributed to the Borough of Liskeard. Whilst it might be reasonable to so attribute the deaths of those who had spent many months or years prior to death in Lamellion Hospital or in the adjacent Part III accommodation in the Institution, it appears to me to be quite wrong to do so in those cases where the death had occurred within a short time of the person having been admitted from some district outside Liskeard Borough. It appears to me that some definite period of time should be set, inside which the person dying would be regarded as a temporary resident whose death would be transferred to the previous permanent place of residence. Such a dividing line might be set at six months, nine months or one year and it would avoid the present anomalous situation whereby the Borough of Liskeard is made

statistically responsible for the death of a resident of some adjacent district who has been brought into Lamellion Hospital to breathe his last. If the public are to appreciate and trust the statistics which appear in official reports they must have some assurance that they are based on a sound and reasonable interpretation of facts. As the practice in the matter under discussion does not seem to me to measure up to these criteria, I have taken it up with the General Register Office in the hope that a better and more exact method can be arrived at.

As in previous years heart disease is the most frequent single cause of death in the Area, with cancer again in second place. Of the various well defined heart diseases the most numerous was coronary disease where the small blood vessels supplying the heart itself become narrowed or blocked. Recent research into the association between occupation and this disease points to the fact that it appears to occur more commonly in those whose occupation is mainly sedentary. Thus in one interesting series it was found to be more common amongst drivers of London buses than amongst their colleagues who worked as conductors. Other recent work points to heavy consumption of tobacco as a possible aggravating factor in this disease. The cause or causes of cancer still remain obscure. Whilst cancer of the stomach remains the most frequent type of fatal cancer in this Area there has been a noticeable increase in deaths from cancer of the bronchus and lung from 5 in 1952 to 14 deaths in 1953. As most of you are aware, there is a very strong presumption that heavy consumption of tobacco, particularly in the form of cigarettes, over a long period is a cause of bronchial and lung cancer. This belief has very recently been strengthened by the preliminary results of an enquiry and investigation which has been taking place into the smoking habits of members of the medical profession in this country. Without wishing to appear an alarmist on this subject, I think it is only reasonable to again remind all who use tobacco, and especially those adolescents, and young adults who will use it over a long span of years, that its consumption in large amount may be fraught with the danger of producing cancer of the bronchus or the lung, and to counsel moderation at least if abstinence cannot be achieved. One hopes that all the prominence recently given to this subject will stimulate further enquiry and research into it more especially as the powerful tobacco industry both here and in the United States has contributed a large sum of money to finance research. It is possible that such research will free tobacco of the suspicion that it can cause fatal disease, or it may suggest methods of removing the offending constituent, without destroying its widespread appeal.

Much has been written in recent years about the possibility, and even more the probability that tuberculosis will be eradicated in the foreseeable future. Tuberculosis has been and still is for the majority of its victims a chronic, disabling disease whose course is measured in months and years. Not so very long ago its outcome was frequently fatal, but in the period since the end of the last war notable advances in the treatment of tuberculosis have reduced the mortality. Thus in Cornwall the death rate for tuberculosis in 1952 was about half that of the year 1946, and the same is true if the figures for England and Wales are examined. This appreciable and very welcome reduction in mortality has infused into the outlook on tuberculosis a feeling of optimism that the turning in the long and tragic lane of tuberculous disease has been reached, and that the end for which so many generations have striven is in sight. There has been a tendency in some quarters to draw from the improvement in mortality a conclusion that the situation in tuberculosis is showing a general all round improvement. Unfortunately this is not so since the incidence of the disease, as measured by new cases notified, shows no reduction. This is true of local figures for this Health Area, and for the larger numbers involved in the County, and the country as a whole. During the five year period 1948-52 the average number of new cases of

tuberculosis notified in No.7 Health Area each year was 51, and in none of these years did the total differ appreciably from the totals for other years or from the average for the five years. It is therefore true to say that whereas mortality has been falling, the number of people contracting the disease showed no reduction over the period 1948-52. It is therefore not surprising to find that in 1953 there was no reduction in the incidence of tuberculosis in this Area. On the contrary there was a moderate increase, the total of 63 new cases representing a 24% increase over the average for the previous five years, and being 9 above the previous highest total of 54 cases in 1952. It would obviously not be reasonable or wise to take an unduly pessimistic view of these figures which are for one year only. It may well be that in 1954 the situation will improve and figures will return to a more normal level. Nevertheless it appears that there is at present no justification for much of the optimism which the reduced mortality rate has engendered. Tuberculosis is still prevalent to the extent that every year out of every thousand people in this Area one or two contract the disease and are thereby disabled for a long period, and become potential sources of infection to others.

At this point it is appropriate that the possible causes for the increased incidence of tuberculosis be examined, and here we leave the certainty of facts and figures, and enter the realms where conjecture plays a large part in providing the answer to our questions. I think it is reasonable to suppose that no single cause is responsible for the increase, and to state further that the broad general reasons for the increase are twofold. In the first place there probably has been some real increase in the amount of tuberculous infection in the community, but it is unlikely that this accounts for all the increase in the incidence of the disease. In the second place better and more efficient methods of recognising the disease have been responsible for the bringing to light of cases which were previously overlooked. Some two years ago the Chest Clinic services in East Cornwall were reorganised and based on Plymouth instead of West Cornwall. When this reorganisation took place Dr.J.C.Mellor was appointed as Chest Physician to a Clinical Area which included East Cornwall. About the same time the Cornwall County Council appointed a full-time Tuberculosis Health Visitor, Miss.S.L.Luxton. By their enthusiasm and hard work Dr.Mellor and Miss.Luxton have provided an excellent service for handling cases of tuberculosis and their contacts and considerable assistance and advice has been given to the family doctor in this important matter. I believe that as a result of this, the family doctor has not hesitated to refer doubtful or chronic cases of chest ailments to the Chest Clinic and in that way some new cases of pulmonary tuberculosis have been discovered. Whilst the immediate impact of such discoveries tends to depress our hopes of eliminating this disease, the long-term outlook is improved by the discovery and recognition of such cases. Our main hope of controlling and eliminating tuberculosis lies in the early recognition and control of the affected individual and the careful checking and surveillance of the close contacts at least. Ideally all known regular contacts of any new case of tuberculosis should be examined and checked in an endeavour to find a possible source of infection and to discover any other individuals who had been infected either by our newly discovered case or by the original infecting source. Unfortunately this procedure is so difficult to put into effect as to be almost impossible, and at present our control and surveillance of contacts is confined to close family associates of the case, usually those living in the same house. We do recognise, and this is especially true of tuberculosis in young, and previously active adolescents and adults, that there may be a wide circle of contacts beyond the family which is not checked or investigated. The main reason for not checking contacts in this wider circle is one of manpower, since to carry it out thoroughly and conscientiously would require a large staff of health visitors, and Chest Clinics would necessarily be involved in attending to the

large number of contacts. An additional reason is the undesirability of disseminating widely the fact that any individual is suffering from tuberculosis. In the circumstances contact tracing is confined to the relatively restricted circle of relatives with whom the patient has been in close contact, and in which the chances of discovering the source of infection, and/or secondary cases of the disease would seem to be greatest. Nevertheless this does allow some sources of infection and/or secondary cases (themselves further potential sources of infection) to escape recognition, and thereby to act as reservoirs, and disseminators of infection. For this reason we must accept the probability that eradication of tuberculosis will be a slow and sometimes a discouraging business. On the other hand new methods of prevention and treatment of this disease, together with a more enlightened and intelligent outlook on the part of the general public, will as time goes by exert an increasingly favourable influence on the situation.

Whilst on the subject of specific preventive measures against tuberculosis I can report two encouraging developments. Early in 1954 all children in the school - leaving group i.e. all those who attain the age of 14 years during 1954, will be examined by mass - radiography, and if after this, and one further simple skin test, they are found suitable, they will be offered (subject to parental consent) B.C.G. vaccination against tuberculosis. This group has been selected because it is felt that adolescents when they leave school and commence work are exposed to a greater risk of tuberculous infection, without in many cases the opportunity to develop the adults power of resistance to the disease. Vaccination with B.C.G. enables them to safely and quickly acquire a reasonable degree of resistance to tuberculosis, and thereby reduce the tragic toll which this disease has always exacted amongst adolescents, and young adults. In considering B.C.G. vaccination we ought in fairness to this measure of prevention, try to understand the type of protection it affords, and the limitations which attach to it. Whilst it gives a good measure of protection against the amount of tuberculous infection encountered in normal everyday life, it does not guarantee protection against the less common occasions on which heavy infection is met with. As a corollary to this it can be said that B.C.G. vaccination should not be called upon to protect the individual from the consequences of a careless and irresponsible mode of living, which in adolescents, and young adults is best described as "burning the candle at both ends". Properly regarded as a help in the prevention of tuberculosis, I feel sure that B.C.G. vaccination represents a valuable new weapon in our fight against this disease.

I have written at some length about tuberculosis because in my view it represents one of the very few serious communicable diseases which remain as a challenge to public health and modern preventive medicine. In concluding this part of my report I should like to urge the need for taking, and holding a calm and balanced view on tuberculosis - neither being carried away by over optimism, nor allowing gloom and pessimism to darken the picture. I believe that we can and will eradicate this wretched disease from our midst, but I feel sure the process will not be either rapid or easy.

Turning now to communicable diseases other than tuberculosis, the principal impression is that of epidemic measles in the first half of the year. In all 1565 cases were notified and this epidemic affected all districts in the Area with the exception of Torpoint Urban District. Pneumonia, whooping cough, and scarlet fever were all more prevalent than in 1952. There were three cases of diphtheria, of which two were in adults who had never been immunised. Two cases only of non-paralytic poliomyelitis were notified during 1953. In spite of the large influx of visitors into Cornwall during the summer holiday season three cases only of food poisoning were notified in this Area during the year.

During recent years outbreaks of food poisoning in various parts of the country have brought home to the general public and especially to those who participate in or are associated with communal feeding in canteens and restaurants of one sort or another, the need for high standards of hygiene in the handling of food. This public interest has now progressed to the stage where, after fairly thorough investigations of the position, the Government has announced its intention to introduce new legislation which should ensure higher standards of hygiene in establishments where food is handled, and prepared for human consumption. At present legislation in this important sphere is ill - defined and generally unsatisfactory. Under the new legislation the most important provision will be that which will require the registration of all premises dealing with food for human consumption. This will give District Councils the right to satisfy themselves that premises and particularly catering establishments, are of adequate size, and are reasonably equipped to handle food in a hygienic manner. At present it is difficult to insist on such reasonable standards and I have seen small catering establishments in which the amount of space devoted to the storage preparation and cooking of food, and the cleansing, and storage of cooking utensils, and crockery, made it difficult if not impossible to maintain a reasonable standard of hygiene. Establishments of this type are in the minority, the majority of premises in which food is handled being reasonable in size and equipment. Owing however to the great influx of visitors into the County during the summer season, there is a distinct tendency for small, badly equipped establishments of this unsatisfactory type to spring hastily into existence at the beginning of the season with the intention of functioning for the summer season only. In such circumstances the proprietors are understandably not inclined or anxious to spend much on premises, and equipment, although in the course of four or five months a surprisingly large amount of food may be prepared and eaten in these places. Another difficulty which faces the catering industry springs from the seasonal fluctuation in trade. I refer to the necessity for engaging additional staff to meet the heavy summer demand on catering facilities, and here the difficulty of obtaining good, experienced employees for seasonal work is evident. This is unavoidable, but none the less unfortunate, since the commonest source of food poisoning is the inexperienced or careless food handler. Premises, and equipment may be above reproach, but if the food handlers are inexperienced or careless the danger of an outbreak of food poisoning is always present. Apart from the obvious necessity of sparing the public the distressing and exhausting illness which results from contaminated food, the occurrence of outbreaks of food poisoning in a tourist and holiday area, such as Cornwall is, can have serious financial repercussions on the tourist industry. It is only fair to add that in the last five years the number of cases of food poisoning in this Area has been extremely small, and in no case has any catering establishment been involved - a tribute to the good standards of cleanliness which exist in the catering industry. I trust these standards will be maintained in future years.

The welfare of old persons continued to give some anxiety during 1953. In several cases old men and women were reported as living alone in squalid insanitary circumstances, with, in addition, an appreciable risk of fire existing as a result of careless handling of oil lamps, candles, and paraffin oil. In almost all cases it was difficult or impossible to get relatives to undertake the care of or responsibility for these old persons. For much the same reasons which precluded relatives from helping - the senile, eccentric, and unreasonable attitude of most of these old people - it was not possible to find a home help who would face up to the task of cleaning up the home, and trying to get the old person to co-operate in keeping it reasonably clean. In the majority of cases, where it was felt that the old person could not continue to live at home, it was possible to persuade them to enter an institution or a hospital.

In one case however an old man of 85 refused to see reason, and because of the filthy and insanitary conditions under which he was living application was made to a Court of Summary Jurisdiction under Section 47 of the National Assistance Act, 1948. The Magistrates made an order for his removal and detention in Lamellion Hospital, Liskeard, where he subsequently remained of his own free will, without the necessity for having the order renewed.

I have written before of the importance of good housing in promoting and maintaining health and it is heartening to be able to report good progress on this front during 1953. In the rural districts it would appear that the numbers of new houses becoming available for letting are adequate to satisfy almost all the demands in those districts. In the urban parts of the Area the demand still exceeds the supply, but even here the clamour for rehousing is not so loud or insistent as in previous years. It is true of course that the higher rents and rates attaching to most Council houses deter many families who need rehousing from applying, and in that respect, the most easily available criterion of the need for rehousing - the list of applicants - is not completely reliable. Up to now the necessity for providing new houses to make up for the acute shortage caused by the war has been paramount and in this Area practically nothing has been done to clear districts where most of the dwellings are old and in such a state of dilapidation and disrepair that they cannot be reconditioned. Whilst such slum districts are neither numerous nor large in extent they do exist in the urban parts of this Area, and now that the demand for new houses has eased consideration will have to be given to clearing these blocks of property, and rehousing the inhabitants, and it seems likely that in the near future the Government will press District Councils to produce schemes to deal with slum clearance.

During 1953 no scheme of major importance for water supply or sewage disposal was actually in hand although much work or planning and preliminary investigation of such schemes was undertaken in Liskeard, and St.Germans Rural Districts. In the former district further work on the comprehensive scheme to supply water throughout the Rural District from the river Fowey was more or less at a standstill pending the formation of a Joint Water Board. Although the need for proper systems of water supply, and sewage disposal is generally recognised, the very high cost of such schemes is one of the most difficult obstacles to their immediate and widespread implementation and here as in many other fields, projects have had to be graded in an agreed order of priority.

In this preface I have tried to put forward in as broad a manner as possible those aspects of public health practice and administration which have seemed to me important during the year 1953. The views and opinions expressed are not original, though they are necessarily coloured, or perhaps distorted, by my personal outlook. I have as far as possible tried to avoid dealing in matters of a controversial nature since I am conscious of my inability to take a truly impartial and unbiased view on such matters. I cannot conclude without expressing my thanks to members, and officers of the six County District Councils I serve, for the kindness, understanding, and co-operation they have extended to me during the past year.

I have the honour to be

Your obedient Servant,

P. J. FOX.

Medical Officer of Health.

ST. GERMANS RURAL DISTRICT.

Area of Rural District	48,433 acres.
Population (Registrar Generals Estimate)	16,630
Number of Inhabited Houses	5,476
Rateable Value of Rural District	£ 63,441. 10. 0.
Product of Penny Rate	£ 254

Vital Statistics for 1953.

	Male	Female	Total
Live Births	121	96	217

	St.Germans R.D.	Health Area No.7	England & Wales
Birth rate per 1000 of population	14.5	15.6	15.5

	Male	Female	Total
Still births	3	2	5

	St.Germans R.D.	Health Area No.7	England & Wales.
Still birth rate per 1000 of population	0.30	0.26	0.35

	Male	Female	Total
Deaths	106	79	185

	St.Germans R.D.	Health Area No.7	England & Wales.
Death rate per 1000 of population	8.7	10.7	11.4

Deaths attributed to Pregnancy, Childbirth and the Puerperal State.

No deaths registered.

	Male	Female	Total
Deaths of Infants under One year of age.	2	2	4

	St.Germans R.D.	Health Area No.7	England & Wales.
Infant Mortality rate per 1000 live births	18.4.	26.4	26.8

Principal Causes of Death at All Ages.

Heart disease	65
Cancer (all sites)	37
Respiratory disease	19
Vascular lesions of the nervous system (stroke)	10
Circulatory disease	9
Digestive disease	4
Diabetes	4
Genito-urinary disease	3
Suicide	3
Tuberculosis	2
Accidents	2

Average Age at Death

Males	Females
69	66

There is nothing of special note in the foregoing statistics. The birth rate is slightly lower than the corresponding rate for the Area and the country as a whole. The death rate is below the national figure as are the still birth rate and the infant mortality rate. Heart disease continues as the most frequent defined cause of death with cancer once again in second place, and showing slightly increased figures over 1952. The average age at death was close to the national figure although again the figure for females was lower than that for males - a reversal of the usual trend.

Infectious Disease.

In 1953 a total of 528 cases of infectious disease (excluding tuberculosis) was notified. This almost equals the previous highest total of 539 cases in 1949. The bulk of this increase was due to 424 cases of measles which was present in epidemic form during March and April, but in spite of the large number of cases no deaths occurred. One case of meningococcal meningitis in a child of one year of age proved fatal. One case of diphtheria and one of non-paralytic poliomyelitis were notified. In neither case was the disease serious, and full recovery followed.

The following are details of actual cases and case-rates in 1953 :-

		Rate per 1000 of population		
Disease	Cases	St. Germans R.D.	Health Area No.7	England & Wales.
Measles	424	25.44	29.74	12.36
Whooping cough	44	2.64	3.55	3.58
Pneumonia	31	1.86	1.41	0.84
Scarlet fever	17	1.02	1.20	1.39
Erysipelas	6	0.36	0.25	0.14
Food poisoning	2	0.12	0.06	0.24
Diphtheria	1	0.06	0.06	0.01
Meningococcal meningitis	1	0.06	0.02	0.03
Non-paralytic poliomyelitis	1	0.06	0.04	0.04

		Rate per 1000 total (live and still) births.		
	Cases	St.Germans R.D.	Health Area No.7	England & Wales.
Puerperal pyrexia	1	4.50	5.44	18.23

Tuberculosis.

During 1953 there was a very marked increase in the number of new cases of tuberculosis notified in the Rural District. The totals of 18 cases of respiratory tuberculosis and 6 cases of non-respiratory tuberculosis are exactly double the corresponding totals in 1952.

The highest incidence of new cases was again in the 15 - 45 year age group, in which 14 of the total of 24 cases occurred. There were two deaths from tuberculosis during the year. I have already written at some length in the preface to this report about tuberculosis and there is nothing I can usefully add at this stage. At the end of the year there were 85 cases of respiratory tuberculosis and 20 cases of non-respiratory tuberculosis known to be living in the Rural District.

The following are details of new cases, deaths, case rates and mortality rates during 1953 :-

	New Cases		Deaths	
Age Group	Male	Female	Male	Female
0 - 1	-	-	-	-
1 - 5	-	-	-	-
5 - 15	4	1	-	-
15 - 45	7	7	-	1
45 - 65	1	3	-	1
65 and over	1	-	-	-

Rate per 1000 of population

	St.Germans R.D.	Health Area No.7	England & Wales.
New cases	1.44	1.18	Not stated
All cases	6.31	6.29	Not stated
Deaths	0.12	0.15	0.20

During the year 31 susceptible contacts of cases of tuberculosis were given B.C.G. vaccination and thereby gained some immunity against the disease.

National Assistance Act 1948. No action under Section 47 of this Act was called for during 1953.

Water Supply. Practically the whole of the Rural District is in the fortunate position of having a piped supply of pure water which is obtained from the South East Cornwall Water Board, with supplementary supplies from other sources in the Calstock and Millbrook areas. In this field the only trouble encountered was caused by old distribution mains which are gradually being renewed.

Sewerage and Sewage Disposal. Here the position is much less satisfactory than is the case with water supply. In spite of the hope I expressed last year that 1953 would see the commencement of work on the scheme for Callington, it does not seem likely that work will begin before the early months of 1955. The sewage disposal scheme at St.Germans was well in hand before the close of the year, and that at Quethiock should be taken in hand early in 1954.

Meat, Milk and Other Foods. It has been possible to devote more time to the inspection of premises in which food is handled and served. In most cases conditions were reasonably good, and food traders have generally been co-operative and ready to accept advice on methods, and equipment needed to improve the standards of hygiene in their business. In a small number of cases where written warnings of the consequence of failing to observe decent standards were given, a considerable improvement quickly followed. In the only two premises where ice cream is manufactured the relevant regulations were generally well observed. The great bulk of the ice cream sold in the Rural District is imported from elsewhere and retailed in pre-packed form.

Clean Food Campaigns. No formal campaigns were undertaken during the year, but details of the various activities undertaken in connection with food, together with numbers and types of food premises, amount of unsound food dealt with, and method of disposal of condemned food are contained in the Sanitary Inspectors Report which follows.

Housing. Good progress was made during the year when a further 27 new houses were completed and occupied. This brings the total completed since the war to 358 houses, in addition to which some 85 private enterprise houses have been built.

Factories Act 1937. No difficulties were experienced in operating the provisions of this Act during 1953.

Report of Sanitary Inspector.

This report prepared by Mr.W.E.Grylls M.R.S.I with the assistance of Mr.R.L.Williams M.R.S.I. and Mr.D.W.Sillifant A.R.S.I. follows. I should like to put on record my sense of gratitude to Mr.Grylls, Mr.Williams and Mr.Sillifant for the invaluable assistance which they have given me during the past year.

APPENDIX 1.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1953.

DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Heart disease	65	72	33	12	67	17	266
Cancer (all sites)	37	23	11	10	10	14	105
Vascular lesions of the nervous system ("stroke")	10	19	19	6	15	3	72
Respiratory disease	19	11	5	4	4	3	46
Circulatory disease	9	3	5	3	3	2	25
Genito-urinary disease	3	5	5	-	2	1	16
Accidents	2	6	4	-	2	1	15
Digestive disease	4	4	3	2	-	-	13
Diabetes	4	1	3	-	1	-	9
Tuberculosis	2	2	3	-	1	-	8
Suicide	3	2	-	-	2	-	7

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1953.

TYPE OF DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7
Coronary disease angina	28	23	10	3	7	4	75
Hypertension with heart disease	5	5	4	-	4	3	21
Other heart disease	32	44	19	9	56	10	170
Cancer of stomach	9	4	1	1	3	3	21
Cancer of bronchus and lung	9	3	-	1	-	1	14
Cancer of breast	2	-	-	-	1	2	5
Cancer of womb	2	1	2	-	-	1	6
Other cancers	15	15	8	8	6	7	59

APPENDIX 3.

DEATHS BY AGE GROUPS - 1953.

DISTRICT	0 - 5 YEARS	5 - 15 YEARS	15 - 45 YEARS	45 - 65 YEARS	65 - 75 YEARS	75 YEARS & UPWARD	ALL AGES
ST.GERMANS R.D.	8	2	5	43	53	74	185
LISKEARD R.D.	8	-	6	35	42	78	169
SALTASH M.B.	6	-	7	23	26	46	108
TORPOINT U.D.	2	-	3	11	13	13	42
LISKEARD M.B.	-	-	2	18	26	72	118
LOOE U.D.	1	-	4	4	14	21	44
HEALTH AREA NO. 7	25	2	27	134	174	304	666

APPENDIX 4.

AVERAGE AGE AT DEATH - 1953.

DISTRICT	MALES	FEMALES
ST.GERMANS R.D.	69	66
LISKEARD R.D.	65	72
SALTASH M.B.	65	65
TORPOINT U.D.	66	61
LISKEARD M.B.	74	78
LOOE U.D.	68	70
HEALTH AREA NO.7.	68	69

APPENDIX 5.

TUBERCULOSIS

INCIDENCE OF, AND MORTALITY FROM TUBERCULOSIS IN HEALTH AREA NO.7 - 1953.

AGE GROUP	NEW CASES		DEATHS	
	MALES	FEMALES	MALES	FEMALES
0 - 1 year	-	-	-	-
1 - 5 years	3	1	1	-
5 - 15 years	5	7	-	-
15 - 45 years	15	15	1	1
45 - 65 years	9	3	2	1
65 years and upward	5	-	2	-
Totals	37	26	6	2

	MALES	FEMALES
CASE RATE PER 1000 OF POPULATION (NEW CASES)	0.69	0.49
MORTALITY RATE PER 1000 OF POPULATION	0.11	0.04

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION BY COUNTY DISTRICTS IN HEALTH AREA NO.7. - 1953.

DISTRICT	NEW CASES	TOTAL CASES AS AT 31.12.53.	DEATHS
ST.GERMANS R.D.	1.44	6.31	0.12
LISKEARD R.D.	0.71	5.33	0.14
SALTASH M.B.	1.38	6.54	0.25
TORPOINT U.D.	1.34	6.26	-
LISKEARD M.B.	1.16	9.26	0.23
LOOE U.D.	1.11	5.85	-
HEALTH AREA NO.7	1.18	6.29	0.15

APPENDIX 6.

B.C.G. VACCINATIONS AGAINST TUBERCULOSIS - 1953.

DISTRICT	UNDER 1 YEAR	1 - 5 YEARS	5 - 10 YEARS	10 - 15 YEARS	15 YEARS AND OVER
ST.GERMANS R.D.	8	9	7	6	1
LISKEARD R.D.	2	2	2	1	-
SALTASH M.B.	4	2	1	1	2
TORPOINT U.D.	3	10	10	3	-
LISKEARD M.B.	2	3	1	1	*11
LOOE U.D.	1	3	3	1	1
HEALTH AREA NO.7.	20	29	24	13	15

* Student Nurses at Wadham House Training Establishment.

ST. GERMANS RURAL DISTRICT COUNCIL.

SANITARY INSPECTOR'S REPORT.

YEAR 1953.

WATER SUPPLY:

The wholesomeness and adequacy of the water supplied throughout the District, whether from the sources of the South East Cornwall Water Board, or from those of the Council, has been efficiently maintained, and the Council has wisely given full expression to its progressive outlook by ensuring that maintenance and improvements have been given the priority merited and nothing has been stinted, consistent with economy, to this end. Although well over 90% of the District is already served from the mains, a steady stream of applications for further connections continues to be received, as the potentialities and varied uses of the supplies are appreciated, and it is significant that now that most of the domestic consumers have been satisfied, the agricultural and industrial needs are rapidly expanding.

Although rising costs have led to a revision of, and increase in the scale of water charges, consumers have not been denied, or deterred from, obtaining supplies, and during the year a further 94 connections were made to the Council's mains, to serve 56 domestic, 31 trade, and 7 trade and domestic consumers, and applications for supplies are still being received.

The development and improvement of the supply system has included an extension of about 50 yards of 3" main at Polbathic Village and an extension of 1085 yards of 3" main from St.Winnolls to Tredis to supply three farms, farm houses, ancillary buildings and farm workers cottages, as well as two private dwellings. In the township of Callington a further 2290 yards of watermains were renewed during the year by direct labour and at Downderry, where the adequacy of the supply had not been up to expectation, some 750 yards of 3" main were scraped, and the supply thus restored. The Ministry has sanctioned a scheme for extending the 3" main along Dupath Road, Callington, a distance of 848 yards to serve several properties hitherto dependent upon most unreliable sources of supply.

All this expansion and improvement has necessitated the strictest control over wastage, which has been, and is being, reduced to a minimum. The Council has authorised the acquisition of a recording meter to this end and the Council's workmen are fully alive to, and competent to deal with, this significant part of the service.

The quality of the water supplies generally has been carefully maintained and regular sampling from all sources has ensured the wholesomeness and purity of the water being consumed. In all, this has been a most satisfactory year of working.

SEWERAGE AND SEWAGE DISPOSAL:

Further progress has been made with the Callington Sewerage Scheme, and the approval of the Cornwall County Council and the River Board has been received; and the Scheme submitted to the Ministry of Housing and Local Government for consideration. As no objections to the Scheme have been received it is hoped that an informal Inquiry only will be held, and that authorisation to proceed to tender will be forthcoming early in the New Year.

At Delaware Road, Gunnislake, some 70 yards of 6" sewer has been laid to accommodate several properties and the School premises, which previously had primitive pail closet accommodation, whilst at Cargreen Village some 400 yards of 6" sewer has been laid to provide facilities for practically the whole of the Village, and the Council's Housing Estate. This work has removed most of the nuisance from the Village Street and practically all properties have connected up.

Tenders have been invited, accepted, and approved by the Ministry, for the St.Germans and Quethiock Village Sewerage Schemes, and the St.Germans Scheme was well in hand at the end of the year. The Contractors should commence work at Quethiock early in the coming year, and the completion of both these Schemes will be a long awaited achievement.

Work on the remaining outstanding Schemes is in hand, but unfortunately, at Landrake, difficulties over the acquisition of the necessary land has retarded progress, and it may be necessary to resort to Compulsory Purchase action before much headway can be made.

Some difficulty has been experienced during the year in the efficient cleansing of certain of the Outfall Tanks in the district and a Cesspool Emptying Machine has had to be hired at intervals to carry out this work. The need for such a vehicle, especially in a rural area where many properties must necessarily rely on this mode of disposal, is fully appreciated by the Council, and it is hoped to acquire a suitable machine during the coming year.

REFUSE COLLECTION AND DISPOSAL:

This service has continued to operate smoothly and efficiently, with two Bedford Collecting Vehicles covering the area. The smaller 7 cu.yd. lorry based at Millbrook serves the southern part of the district, and the 10 cu.yd. lorry based at Callington covering the remainder. Controlled tipping in the reclamation of the old Mill Pond at Millbrook is progressing well and a favourable improvement has been the introduction of a second tipping area at the extreme eastern end of the Mill Pond, farthest from the residential area, for use during the hot summer period. This innovation has minimised any likely fly nuisance or discomfort from dust, etc. At the Target tip, Callington, the high tipping face has been sealed and a new area introduced at a lower level to improve tipping control. A bulldozer has been used to level the site and form the new approach access to the lower level. The salvage of waste paper is no longer an economical proposition and has been abandoned, but the salvage and sale of scrap iron still operates. From this source £22. 14s. -d. was obtained to the credit of the service. Street sweeping, in collaboration with the County Highway Authority is now well organised and established in every populated area.

PUBLIC CONVENIENCES:

As forecast in last year's report, the Cremyll Public Convenience has been completed and is now in use, proving itself a decided asset to the locality. The Portwrinkle Public Convenience has been approved and work has commenced thereon, and this should be available to the public by early in the New Year.

At Seaton, the question of providing a Convenience will most probably be reconsidered by the Council, as the Liskeard Rural District Council has undertaken the construction of a Convenience on the western side of the River Seaton, and this will, presumably, be adequate to meet the needs of the area. All the existing Conveniences have been conducted satisfactorily during the year.

HOUSING:

The Council's Programme has been steadily maintained and private enterprise building has made considerable progress especially since the various controls have been relaxed.

The number of new Council Houses completed during the year was	27
The number under construction at 31st December, 1953, was	22
The number approved but not commenced was	6

Since the War the number of Council Houses completed totals 358.

The relaxation of controls has greatly encouraged the private developer and during the year 23 licences have been issued, and 20 new dwellings erected and occupied, whilst 15 are still under construction.

The number of private dwellings completed by the end of the year totals 85.

Fuller use has also been made this year of the Grant Aid available under the Housing Act, 1949, and 9 applications have been received and assistance sanctioned in 8 instances.

Repair and maintenance work on existing dwellings has proceeded, and owners have enjoyed the liberty afforded by the increase of the free building limit, and it has been necessary to issue no more than licences during the year.

As is to be expected, with the provision of additional housing accommodation of a relatively high standard, more attention has been given to the older and greatly substandard cottages in the district. The result has been that action has been taken in 11 cases under Section 11 of the Housing Act, 1936, and undertakings accepted in respect of 10 of these dwellings. Notices under Section 9 of the Act were issued in respect of 5 properties and satisfactory results obtained.

During the year the Council approved and adopted new Building Byelaws and these are now in operation.

The year has also marked the decontrol of requisitioned properties throughout the area and all of these have been released by the Council as and when falling vacant. In one instance at Landrake, however, satisfactory arrangements have been made with the owner for the only remaining accommodated tenant to continue occupation.

MEAT, MILK AND OTHER FOODS:

Increased attention was given to food premises during the year and it can now be claimed that many such properties have been brought up to the required standard, although there are still a few isolated cases which are in need of improvement. The retailers generally have readily responded to the advice given them, and the majority of shop premises have been conducted in a hygienic manner which we hope will be maintained in the future.

The only two Ice-Cream manufacturers in the area continue to be satisfactory. Elsewhere in the area the whole of the Ice-Cream retailed is obtained, pre-packed, from well-known national manufacturers and there has been no complaint as to its handling.

The number of food premises within the Council's area, identified by type of business, is as follows:-

Grocers and General Dealers	43
Butchers	20
Bakers	10
Dairyshops	3
Cafes and Snack Bars	20
Fish and Chip Shops	8

Under Section 14 of the Food and Drugs Act, 1938, 51 premises are registered for the sale of Ice-Cream and 2 for the manufacture and sale of sausages and meat products. The number of dairies registered under the Milk and Dairies Regulations, 1949, totals 3.

75 visits were paid to food premises during the year and improvements were obtained in 6 instances involving 5 cases of structural alterations.

Food inspection throughout the year resulted in the voluntary surrender and condemnation of :-

17½	lbs. Pork.
34¾	lbs. Corned Beef.
5	lbs. Tinned Meat.
2½	lbs. Meat.
9	lbs. Cheese.
109	lbs. Sweets.
16	Tins Tinned Fruit.
2	Tins Evaporated Milk.
12	Sausage Rolls.
5	Steak and Kidney Pies.

disposal of the condemned foodstuff being by incineration and burial at the Council's Refuse Disposal Works.